

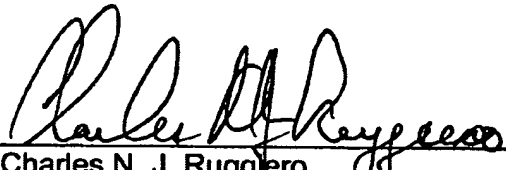
The Filing Fee is calculated below.

| CLAIMS AS FILED                                                                                 |                     |                     |             |                              |
|-------------------------------------------------------------------------------------------------|---------------------|---------------------|-------------|------------------------------|
| (1)<br>For                                                                                      | (2)<br>Number Filed | (3)<br>Number Extra | (4)<br>Rate | (5)<br>Basic Fee<br>\$300.00 |
| Total Claims                                                                                    | ** - 20 =           | 0                   | x \$50.00   | \$                           |
| Independent Claims                                                                              | * - 3 =             | 0                   | x \$200.00  | \$                           |
| Multiple<br>Dependent Claim Fee                                                                 |                     | x \$360.00 = \$0.00 |             |                              |
| SEARCH FEE                                                                                      |                     | \$500.00            |             |                              |
| EXAMINATION FEE                                                                                 |                     | \$200.00            |             |                              |
| NATIONAL STAGE APPLICATION SIZE<br>FEE (\$250 FOR EACH ADDITIONAL<br>50 SHEETS OVER 100 SHEETS) |                     | \$                  |             |                              |
| TOTAL FILING FEE                                                                                |                     | \$PAID              |             |                              |
| 1/2 FILING FEE FOR SMALL ENTITY                                                                 |                     | \$                  |             |                              |

☒ A check in the amount of \$ 105.00 to cover the surcharge (\$65) and assignment recordation fee (\$40) is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§1.16 and 1.17 which may be required with this communication or during the entire pendency of the application, or credit any overpayment, to **Deposit Account No. 01-0467**. A duplicate copy of this Form is enclosed.

March 7, 2006  
Date

  
Charles N. J. Ruggiero  
Attorney for Applicant(s)  
Registration No: 28,468  
Ohlandt, Greeley, Ruggiero & Perle, L.L.P.  
One Landmark Square, 10<sup>th</sup> Floor  
Stamford, CT 06901-2682  
Telephone: (203) 327-4500  
Telefax: (203) 327 6401

**CERTIFICATE OF MAILING**

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE U.S. POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: MAIL STOP PCT, COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450, Attention: DO/EO/US ON March 7, 2006.

Ruth J. Olivo  
(Typed name of person mailing paper)

  
(Signature of person mailing paper)